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Bryan P. Tyson 678.347.2203 direct bpt@sbllaw.net

September 20, 2012

2012 SEP 21 PN 1

OFFICE OF SEME

VIA FEDERAL EXPRESS

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re:

Statement of Organization (FEC Form 1) for "Safe Nation PAC, Inc.," as Independent Expenditure-Only PAC

To Whom It May Concern:

We represent Safe Nation PAC, Inc. Please find enclosed the FEC Form 1, Statement of Organization, for that organization.

Safe Nation PAC intends to make unlimited independent expenditures. Consistent with the U.S. Supreme Court's decision in *Citizens United*, the U.S. Court of Appeals for the District of Columbia Circuit's decision in *SpeechNow*, and this Commission's 2010-09 and 2010-11 Advisory Opinions, it therefore intends to raise individual, corporate, and labor funds in unlimited amounts. Safe Nation PAC will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to any federal candidates or committees.

Please let us know if you have any questions.

Sincerely,

Bryan P. Tyson

Enclosure: Statement of Organization

FEC FORM 1	STATEMENT OF ORGANIZATION	2012 SEP 21 OFFICE COLOR Office Use Only:
1. NAME OF COMMITTEE (in	(Check if name Example:If typing, type is changed) over the lines.	Office Use Only 1
Safe Natio	n PAC, Inc.	39
	F7 Woddell Street SE	
ADDRESS (number a	57 Waddell Street, SE	
(Check if a is changed)		GA 30060
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA		
(Check if		
is change	° 2012.	
3. FEC IDENTIFIC	CATION NUMBER	
4. IS THIS STATE	MENT NEW (N) OR AMENDED (A)	
-	examined this Statement and to the best of my knownedge med belief it	it is true, correct and complete.
Type or Print Name Signature of Treasure	Bus 8. Tun	Date 09° 20° 2012°
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	,
Office Use	For further Information of Federal Election Commiss Toll Free 800-424-9530	

	FEC For	m 1 (Revised 02/2009)	Page 2
. TY	PE OF C	ОММІТТЕЕ	
Ce	endidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	me of Indidate		
	indida le rty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	me of indidate		
Pa	arty Con		/Domonystia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Po	olitical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joi	int Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	·
	3.	FEC ID number	
	4.		· · · · · · · · · · · · · · · · · · ·

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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Safe Nation PAC, Inc.	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
None:	1111111111

Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representation	ative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the p books and records. 	erson in possession of committee
Full Name Chip Lake	
Mailing Address 57 Waddell Street, SE	
Marietta GA	30060
Title or Position CITY STATE	ZIP CODE
Chairman Telephone number	
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee any designated agent (e.g., assistant treasurer). 	; and the name and address of
Full Name Bryan P. Tyson of Treasurer	
Mailing Address Strickland Brockington Lewis LLP	
1170 Peachtree Street NE, Suite 2200	
Atlanta GA STATE	303097200
Title or Position Treasurer Telephone number	

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
		<u> </u>
	<u> </u>	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	J-L
		s, holds accounts, rents
safety deposit b	Depository, etc. Branch Banking & Trust	s, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Branch Banking & Trust	s, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Branch Banking & Trust 2480 Dallas Highway SW	s, holds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Branch, Banking & Trust 2480 Dallas Highway SW	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify): DATE PREPARED